



## **TESTIMONY**

Submitted by Bree Sanca RN MSN, RVP for Behavioral Health  
Elara Caring

### **H.B. No. 5040 AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES**

**March 1, 2022**

Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee, my name is Bree Sanca, Regional Vice President for Behavioral Health at Elara Caring. I am an RN with over 20 years' experience, most of which has been in home health. I also serve as the Board Chair for Connecticut Healthcare at Home, the state association representing licensed and certified home health agencies throughout Connecticut.

Elara Caring, formerly New England Homecare, is the largest provider of behavioral home health services in Connecticut-serving over 3500 Medicaid beneficiaries in their homes and communities.

The public health emergency that continues to impact our state only intensifies the need for home and community-based services for Connecticut's most vulnerable population. While many community support services have retreated during the pandemic, home health continues to provide valuable and necessary services to those with behavioral health conditions. Throughout most of the pandemic, a behavioral health nurse may have been the only human contact that many of these patients had, illustrating just how vital a role home health has played in the continuum of care. This has not been the exception over the last two years, but the rule.

Behavioral home health services remain grossly underfunded. In fact, medication administration rates were cut by 15% in 2016, forcing many agencies to discontinue serving Medicaid beneficiaries altogether. This drastic cut in reimbursement negatively competes with the State's ongoing initiative to maintain the behavioral health population in their homes rather than in expensive institutional settings. The rate cut was predicated on the assumption that medication administration in the community was simply that-ensuring a patient remains compliant with their medications. This is an overwhelming simplification of all that our nurses do to safely manage the behavioral health population in their homes.

HB 5277 is also in front of the Committee (AN ACT ESTABLISHING THE COMMUNITY OMBUDSMAN PROGRAM FOR HOME CARE). While we support the intent of the bill, funding an additional program before the foundation of home health is restored seems counterintuitive. Robbing Peter to pay Paul is simply not the answer here, especially when resources are dire.

Inclusion of home health as part of the ARPA funding was appreciated and recognized, however delays of the much needed one time 5% FMAP payment continue with no definitive timeline for distribution. This payment would provide some much-needed relief to those agencies that continue to provide services to the Medicaid community.

Underfunding coupled with a public health crisis that simply exacerbated an already strained system, is a true threat to the Medicaid system as we know it. Restoring rates for behavioral health focused services delivered



in a patient's home would be a major step towards ensuring that the infrastructure built to support one the state's most vulnerable populations remains intact and viable. Failure to do so could threaten access to care that all stakeholders have fought so hard to improve for decades. Please consider restoring the remaining 10.5% to the medication administration rate so that we can continue to improve the lives and outcomes of Connecticut's behavioral health population.

Respectfully,

Bree Sanca RN MSN

Regional VP of Behavioral Health

Elara Caring

203-506-4015